

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

07/12/13/137

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 5 | | | |
| TOTAL DEP. | 5 | | | |
| TOTAL CLAIMS | 5 | | | |

BEST AVAILABLE COPY